EVALUATOR REPORT

(NOTE: Minor revisions do not require Evaluations. Please refer to the <u>Change/Revision FAQ's</u> for more information.)

Name	of S	School	
Progr	am/S	Stand Alone Course Title	
Class	room	Correspondence	On-line
I.		ogram/Course Title Is the title of this program acceptable to the industry?	Yes No Questionable_
II.	A.	ogram/Course Objective Is the program objective clearly stated? Does the time required for completion of the total program seem reasonable in relation to the program	Yes No Questionable_
		objective?	Yes No Questionable_
III.		rriculum (specific courses) Are the course objectives clearly stated?	Yes No Questionable_
	B.	Is the content of the courses adequate to meet the stated objectives of the program?	Yes No Questionable_
	C.	Is the content of each course adequate to meet the stated objective of each course?	Yes No Questionable_
	D.	Is the sequence of subject matter and related activities suitable for the attainment of the	
	_	specific objectives?	Yes No Questionable_
	⊏.	Are safety precautions required? If yes, do they seem adequate?	Yes No Questionable_ Yes No Questionable_
	F.	Is the equipment and supply list satisfactory for meeting the needs of business or industry?	Yes No Questionable_
	G.	Is the theory allotted each subject sufficient to support practical or lab activities?	Yes No Questionable_
	H.	Does the curriculum provide specific and related knowledge necessary for occupational competence at an entry level with minimum supervision?	Yes No Questionable_
	I.	Are prerequisites or entry requirements adequate to meet program objectives?	Yes No Questionable_
	J.	Does curriculum provide for adequate skill development through meaningful activities?	Yes No Questionable_
	K.	What can a student who has completed a program of this nature expect to earn upon entry into this occupational field?	\$

.V. _	Please comment on those items checked with "NO" or "Questionable."						
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(L	Use a separate page if additional space is neede	ed.)					
V.	Evaluator Information Name	Firm					
	Address						
	Street Phone Number (required)	City	State	Zip Code			
	Position			rs			
	A. Did you receive a copy of the	-	ew:				
	 Program and/or Course S Course Schedule? Equipment List? 	yllabus?	Yes No_ Yes No_ Yes No_	_			
	B. What, if any, additional mate	erials were given for revi					
VI.	Occupational Background (please submit/attach a <u>resume or bio</u> in addition to a brief description below) Education						
	Experience						
Reco		roval -approval of Program/Sta	and Alone Co	urse in current form			
The	**************************************	sts no personal or busi	iness relatio	nship with the			
	gram or course materials evalu						
	Signature		Date				